

2617

PLACE OF BIRTH  
 County of Graham  
 District of Pima  
 Town of Pima  
 or  
 City of \_\_\_\_\_  
 (No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_)

ARIZONA STATE BOARD OF HEALTH  
 BUREAU OF VITAL STATISTICS 164 State Index No. 932  
 ORIGINAL CERTIFICATE OF BIRTH Co. Register No. 116  
 Local Registrar's No. 83

FULL NAME OF CHILD Crockett } Born } YES  
 If child is not named, make Supplemental Report on blank obtainable from local registrar. } Alive } NO

Sex of Child <u>Male</u>	Twin, Triplet or other <u>-</u>	and	Number in order of birth <u>-</u>	Legitimate? <u>yes</u>	Date of Birth <u>June 16</u> 191 <u>6</u> (Month) (Day) (Yr.)
FATHER			MOTHER		
Full Name <u>Lyron Westley Crockett</u>			Full Maiden Name <u>Ethelth Jane Lawh</u>		
Residence <u>Pima, Arizona</u>			Residence <u>Pima, Ariz</u>		
Color or Race <u>W</u> Age at last Birthday <u>38</u> (Years)			Color or Race <u>W</u> Age at last Birthday <u>26</u> (Years)		
Birthplace <u>Utah</u>			Birthplace <u>Arizona</u>		
Occupation <u>Farming</u>			Occupation <u>House wife</u>		
Number of child of this mother <u>5</u>			Number of Children, of this mother, now living <u>5</u>		
Were precautions taken against Ophthalmia neonatorum? <u>yes</u>					

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of the above child; and that it occurred on 6/16 1916, at 10<sup>15</sup> M.

\*When there is no attending physician or midwife, then the householder should make this return.

(Signature) W.E. McWhitt  
 (Attending physician, midwife, householder\*)

Given or Christian name added from a supplemental report \_\_\_\_\_ 1916

Filed 7/5 1916

Address Tafford, Arizona  
A. K. French  
 LOCAL REGISTRAR.

COUNTY REGISTRAR.

Filed 7/10 1916

A True Copy

G. S. MARTIN  
 COUNTY REGISTRAR.

633-616-522

IN PRESENCE OF TWO CREDIBLE PERSONS AND ONE JURY MAN, BIRTH.